



AGING HORIZONS

Published by the Aging Services Bureau/Senior & Long Term Care Division/DPHHS

August 2008

AGING PERSPECTIVES

*Beverly Barnhart, Chairperson
Governor's Advisory Council on Aging*

"We need to do something different to get information to the people, our elderly citizens" stated Beverly Barnhart, chairman of the Governor's Advisory Council on Aging from Bozeman, at the close of the 2008 Governor's Conference on Aging. Members of the Council agreed that the information presented at the annual Governor's Conferences on Aging is great and could benefit many of our elderly and their caregivers, but how do we get more people to come to the conference? Is there a way we can provide important information and reach more of the 160,000 plus people over the age of 60? And can we make it more affordable?

With that in mind, the Council members met and agreed, "If we can not get the people to come to the conference, we will take the conference to the people". So in May of 2009, the Annual Governor's Conference on Aging will be held in three locations across the State: Glendive, Browning and Butte.

"Each Conference will be two days in length. The first day will have three or four general sessions each covering a specific issue which we think more people would want to attend. The second day will have a more workshop type format giving participants more topic options of local interest", indicated Barnhart.

"The 2009 Conference will be an experiment in grassroots involvement," said Council member Gladys Considine from Missoula. "This conference format will give more people an opportunity to participate in the conference and will also allow for more involvement in planning of the conference at the local level."

For more information on the 2009 conferences, contact: Brian LaMoure, the Conference Coordinator, by calling the toll-free Citizens Advocate number, 1-800-332-2272, and asking for "Brian LaMoure in Aging".

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AGING HORIZONS

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1-800-332-2272

Website address:
<http://www.aging.mt.gov>

2008 MINI GRANT PROGRAM

A total of \$3700 in Mini Grants was awarded to five recipients at the 2008 Governor's Conference on Aging. The awards were funded by the Committee to Preserve Social Security and Medicare, WalMart, First Interstate Bank and the Crowley Law Firm. The following groups received an award:

Flaxville Local Development Corporation - \$990 to purchase two new heating units for the senior center. Volunteers will install and monitor the operation of the heaters.

Whistle Stop, Power - \$800 to assist with the re-siding of the senior center in Power.

St Regis Senior Center - \$710 to assist with the purchase of materials needed for a new water line for the existing well house and a new sewer line to connect to the St Regis community sewer system.

Belfry Senior Center - \$700 to develop an exercise program for local seniors. The Center will consult with a trainer to develop an age appropriate exercise program and to select exercise equipment.

Meagher County Community Senior Center, White Sulphur Springs - \$500 to conduct a statistically valid survey of its members to get their input for planning purposes. Following the collection of the data, the Center will use focus groups to identify concerns, ideas or barriers that did not emerge during the survey, as well as ways to implement the survey results.

Other entrants included: Liberty County Council on Aging, Chester; Big Horn Council on Aging, Hardin; Area VI Agency on Aging, Polson; and the Polson Senior Center.



Pictured on the left receiving the check for Flaxville is Wally Daeley from Lambert (far right) along with Max Richtman and Janet Witt from the Committee to Preserve Social Security and Medicare (CPSSM)



Pictured on the right, receiving the check for the Whistle Stop, is Liz Schwenke from Shelby (far right) along with Max Richtman and Janet Witt from the Committee to Preserve Social Security and Medicare (CPSSM)

Pictured on the right, receiving the check for the St Regis Senior Center, is Vicky Carrott from St Regis (far right) along with Max Richtman and Janet Witt from the Committee to Preserve Social Security and Medicare (CPSSM)



Pictured on the left, receiving the check for the Belfry Senior Center, is Karen Erdie from Roundup (far right) along with Max Richtman and Janet Witt from the Committee to Preserve Social Security and Medicare

Pictured on the right, receiving the check for the Meagher County Senior Center, is Beth Hunt from White Sulphur Springs, along with Max Richtman and Janet Witt from the Committee to Preserve Social Security and Medicare (CPSSM)



DIGITAL TV CONVERSION

By now most, if not all, of you have heard that next February all *full-power* television stations in America will stop broadcasting their analog signals and only broadcast a digital signal. You may be wondering, "How does this affect me?" Like many technical problems, the answer to that question can be very simple or quite complex, depending on where you live and how you receive your television signal.

If all of the television sets in your home are newer "digital" sets that have an ATSC digital tuner—check your manual or packaging, it should be plainly labeled--then you have no problem come next February.

If all of the television sets in your home are connected to a cable service, you should have no issue either. The cable company will handle any conversion for you, whether you have newer digital television sets or older analog sets. But remember, **every** television must be connected to the cable service. If any of the older analog sets in your home are not connected to cable - these are often the sets in the basement, guest room, workshop, etc., and are receiving their signals "off-air" via a rooftop or rabbit-ears antenna - then you will need a converter box. More about those later.

If all of the television sets in your home are connected to Dish Network satellite service **and** you subscribe to the "local program" package, then you also have nothing to worry about. However, if any analog sets are not connected to the satellite service, then you too will need converter boxes.

DirecTV satellite service does not offer local channels in any Montana market except Butte. If you subscribe to DirecTV and

receive your local channels off-air and have any older analog sets, then you will also need converter boxes for those sets.

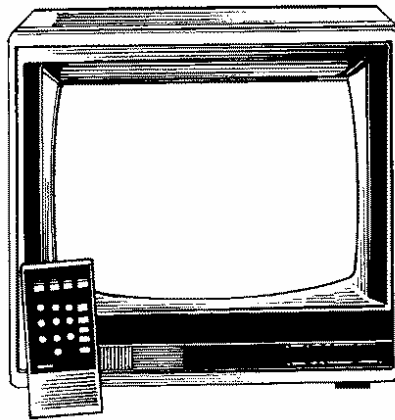
Finally, if you receive all of your television programming via free, over-the-air signals using a rooftop antenna or rabbit ears and have any analog television sets, then you will need a converter box for each of those analog television sets.

That was the easy part of the explanation. But remember, early on I said that all *full-power* television stations were required to make this transition? Many people in Montana--about 22 percent of the population--are actually watching their local stations on

low-power stations or translator stations, which are, by law, low power. These stations are **not** required to convert to digital at this time. Some will; some will not. If you know that all of the stations that you receive are low power or translator stations **and** you know that none of them will be converting to digital at this time, then you also need do

nothing. However, the likelihood of that is very small and you would do best to assume that it is not the case.

Okay, what are the options if you don't have all digital television sets or if your analog television sets are not connected to either cable or a satellite provider with local programming? You have several options. The most expensive of which is to replace your older analog sets with new digital sets. While digital televisions have come down greatly in price, this is still an expensive option and one that you need not make unless you choose to. If you do decide to make this choice, you will be rewarded with both superior pictures and sound.



A much less expensive option is to obtain a "digital converter box." These are available from many electronics retailers and department stores including Vann's, Radio Shack, Best Buy, Wal-Mart, K-Mart and others. There are numerous manufacturers of these devices but there are some differences that you need to be aware of. Remember that not all stations are going to be digital - low power and translator stations may still be analog. Therefore, we highly recommend to anyone in Montana buying converter boxes that you only purchase the boxes that feature the "*analog pass-through*" option. These converters will carry both the digital signals and the analog signals to your older sets without the use of separate "splitters" or additional cables. There is no difference in the price of the converter boxes, so be sure to **insist** on getting the boxes with the analog pass-through.

Converter boxes are currently selling for about \$60-\$70 each. If you shop around you might find a better deal. The federal government will provide each household with two coupons worth \$40 each toward the price of converter boxes, bringing the actual price to the consumer down to about \$20. You cannot use two coupons to buy one box and get a refund! You need to apply to receive your coupons and there are a couple of ways to do so. If you have access to the Internet you can simply go to www.dtv2009.gov and fill out a request for your coupons. Within a few weeks you will receive the coupons, which look just like a credit card and can be redeemed at any authorized retailer. Be aware that the

coupons are only good for 90 days and, once expired, cannot be renewed. If you already have coupons, please check the expiration date. Most retailers will honor the coupons even if they are out-of-stock - not uncommon - and treat them as a "back-order." If you do not have Internet access you can call toll-free 1-888-DTV-2009 (1-888-388-2009 for those of us who hate trying to figure out the cute phone numbers) and answer a few simple questions and soon your coupons will be in the mail. Either way, it's a very simple procedure and will not take more than a minute or two.

Please don't wait until next February to decide how you want to handle this transition. If you decide to replace an older analog television with a new digital set, you can be pretty well assured that there will be a big rush around the Christmas holidays for them. The same is true if you need to order coupons and get converter boxes. The closer we get to next February 17 the shorter the supply is likely to become.

Finally, if you've stuck with me this far, I'll give you the answer to the most often asked question about this process, which is, "Why, after 70 years, are we doing this?" Once again, a simple answer and a little less simple answer. Mainly because Congress mandated it. Local television stations have spent millions of dollars to make this transition. But the benefit to you, the viewer, will be better picture quality, better sound quality and more local program choices.

*Article by Greg MacDonald, President,
Montana Broadcasters Association*

The Aging Network will be teaming up with the Montana Broadcasters Association (MBA) to make the transition to DTV easier for Meals on Wheels (MOW) participants. MBA has offered to apply for the coupons and go to the homes of the MOW participants to install the units. AAAs will be working with local MBA members to identify MOW participants who need the units through a survey distributed by MOW programs.

ALZHEIMER'S EVENTS

MEMORY WALKS

Billings September 13, 2008, River Front Park, Shelter #1, 8:00 AM check in, 9:00 AM walk begins.

Helena September 13, 2008, Warren School Community Park, 9:00 AM to 12:00.

Bozeman September 20, 2008, Bogart Park Pavilion, 8:00 AM to 11:00 AM

Butte September 20, 2008, Blacktail Creek Walking Trail, walk begins at 10:00 AM


Missoula October 4, 2008, University of Montana oval, 10:00 AM.

FALL CONFERENCE

The Alzheimer's Association-Montana Chapter 2008 Fall Conference will be held in Billings, MT on November 19 & 20, 2008 at Montana State University- Billings.

The conference will concentrate on enhancing quality dementia care. Nationally recognized speakers Jolene Brackey and Peter Reed will be the main speakers. Continuing Education Units (CEUs) will be available.

For more information, contact: the Alzheimer's Association Montana office at 406-252-3053 or visit their web site www.alz.org/montana



Montana Geriatric Education Center

in cooperation with

Northwest Research & Education Institute,
Montana Gerontology Society,
and
The University of Montana Skaggs School of Pharmacy

Presents...

6th Annual Conference Improving Geriatric Care Transitions: Medication Safety and Health Literacy

Speakers presenting from Billings will be broadcast to interactive videoconferencing sites around Montana.

Tuesday, October 14, 2008

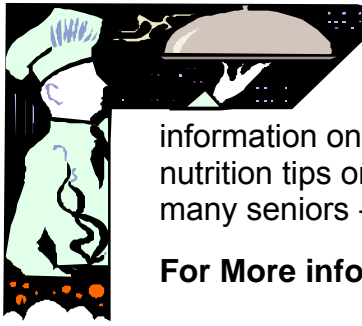
The University of Montana

Continuing Education Program for Health Professionals

This continuing education program is designed for physicians, physician assistants, nurses, pharmacists, psychologists, social workers, occupational

therapists, nursing home administrators, physical therapists, and other health care professionals working in geriatric care and education.

For more information, contact: the Montana Geriatric Education Center at (866) 506-8432 or visit [http:// mtgec.umontana.edu](http://mtgec.umontana.edu)



SENIOR CENTER/NUTRITION CORNER

This issue of the Senior Center/Nutrition Corner provides some information on upcoming nutrition computer trainings, a tasty summer salad, some nutrition tips on eating wisely as we age, and finally, a quiz on a topic of interest to many seniors - sleep.

For More information, contact: Doug Blakley at 1-800-332-2272

MINESTRONE PASTA SALAD

- 3 cups uncooked medium pasta shells
- $\frac{2}{3}$ cup Italian dressing
- $\frac{1}{2}$ cup shredded Parmesan cheese
- 2 medium carrots, sliced (1 cup)
- 1 can (19 oz) red kidney beans, drained, rinsed
- 1 can (15 oz) chick peas (garbanzo beans), drained, rinsed
- 1 can (14.5 oz) diced tomatoes with Italian herbs, drained
- 1. Cook and drain pasta as directed.
- 2. Toss pasta and remaining ingredients.
- 3. Serve warm or cold.



This recipe contains 11 grams FIBER and 22 grams of PROTEIN per serving.

Computer Training

The above recipe contains a lot of great nutrition! Do you want to know what your recipes contain? Learn how to use the easy computer nutrition program that will let you analyze all of your recipes.

WHAT YOU NEED: A computer, Internet access, and a phone. You will also need to sign up to get access to the state computer system - but this is not a pre-requisite to take the training.

WHAT YOU DO: You will log into a live meeting that takes place on the Internet as well as be on the phone. On your computer, you will see a live demonstration of how to use the program and get a chance to practice. It's as easy as that!

DATES: Sept 5, Friday, 10 AM
Sept 12, Friday, 10 AM.

To sign up to participate, contact: Doug Blakley at 1-800-332-2272

SLEEP TEST

Many people believe that poor sleep is an inevitable consequence of getting older. The National Sleep Foundation (NSF) conducted a poll in 2003 that examined the sleep patterns and sleep complaints of 1,506 older Americans. About two-thirds of older adults (67%) report experiencing one or more symptoms of a sleep problem at least a few nights a week. The findings of the poll

reinforce the relationship between good sleep and good overall health, particularly in older individuals. Rather than a consequence of aging, poor sleep among older Americans appears to be an indicator of health status.

The following quiz and information is from the NSF.

**Test your knowledge of the sleep issues.
Answer TRUE or FALSE to the following questions.**

1. During sleep your brain rests.
2. Resting in bed with your eyes closed can not satisfy your bodies need for sleep.
3. The older you get the fewer hours of sleep you need.
4. Most people don't know when they're sleepy.
5. Raising the volume on your radio will help prevent you from falling asleep while driving.
6. Sleep disorders are mainly due to worry or psychological problems.
7. Snoring is not harmful as long as it does not disturb others or wake you up.
8. Everyone dreams at night.
9. You can "cheat" on the amount of sleep you get.
10. It is important to maintain a regular sleep and wake schedule, even on weekends.

1. **False** - While your body rests, your brain doesn't. An active brain during sleep prepares us for alertness and peak functioning the next day.

2. **True** - Sleep is as necessary to health as food and water, and rest is no substitute for sleep. Sleep is an active process needed for health and alertness. When you don't get the sleep you need, your body builds up a sleep debt. Sooner or later, this debt must be paid - with sleep. If you drive when you're sleepy, you place yourself and others at risk because drowsy drivers can fall asleep at the wheel with little or no warning. Sleepiness contributes to driver inattention, which is related to one million crashes each year!

3 **False** - Sleep needs remain unchanged throughout adulthood. Older people may

wake more frequently through the night and may sleep less, but their sleep need is no less than during young adulthood. When older people sleep less at night, they tend to sleep more during the day. Sleep difficulties are not a normal part of aging, although they are all too common. If poor sleep habits, pain or health conditions make sleeping difficult, a physician can help.

4. **True** - Researchers have asked people if they're sleepy, only to be told no - just before the individuals fell asleep! What does this mean? Many people don't know if they are sleepy, when they are sleepy, or why they are sleepy. When driving, don't think you can tough it out if you're sleepy. If you're sleepy enough, you can fall asleep - anywhere.

5. **False** - If you're having trouble staying awake while driving, the only short-term solution is to quickly change drivers or pull over at a safe place. If you must resume driving, take a short nap or have a caffeinated drink. Doing both – for example, drinking coffee, then napping before the caffeine kicks in – may be even better. Don't resume driving until you are sure you are fully awake and alert. The best solution to drowsy driving is prevention. Start out well rested after a good night's sleep and only driving when your brain has become accustomed to being awake. Research shows that loud radios, like chewing gum and open windows, fail to keep sleepy drivers alert.

6. **False** - Stress is the number one reason people report insomnia (difficulty falling or staying asleep). However, stress accounts for only a fraction of the people who suffer either chronic insomnia or difficulty staying alert during the day. Sleep disorders have a variety of causes. Sleep apnea, for example, is caused by an obstruction of the airway during sleep. Narcolepsy, which is characterized by severe daytime sleepiness and sudden sleep attacks, appears to be genetic. No one knows yet what causes restless legs syndrome, in which creepy, crawly feelings arise in the legs and are relieved, momentarily, by motion.

7. **False** - Snoring may indicate the presence of a life-threatening sleep disorder called sleep apnea. People with sleep apnea snore loudly and arouse repeatedly during the night, gasping for breath. These repeated awakenings lead to severe daytime sleepiness, which raises the risk for accidents and heart problems. Yet 95% of those with sleep apnea remain unaware that

they have a serious disorder. With treatment, patients can improve their sleep and alertness, and reduce their risk for accidents and health problems. Physicians and sleep specialists should be consulted.

8. **True** - Though many people fail to remember their dreams, dreaming does occur for every person, every night. Dreams are most vivid during REM or rapid eye movement sleep.



9. **False** - Although snoring may be harmless for most people, it can be a symptom of a life threatening sleep disorder called sleep apnea, especially if it is accompanied by severe daytime sleepiness. Sleep apnea is characterized by pauses in breathing that prevent air from flowing into or out of a sleeping person's airways. People with sleep apnea awaken frequently during the night gasping for breath. The breathing pauses reduce blood oxygen levels, can strain the heart and cardiovascular system, and increase the risk of cardiovascular disease. Snoring on a frequent or regular basis has been directly associated with hypertension. Obesity and a large neck can contribute to sleep apnea. Sleep apnea can be treated; men and women who snore loudly, especially if pauses in the snoring are noted, should consult a physician.

10. **True** - Our sleep-wake cycle is regulated by a "circadian clock" in our brain and the body's need to balance both sleep time and wake time. A regular waking time in the morning strengthens the circadian function and can help with sleep onset at night. That is also why it is important to keep a regular bedtime and wake-time, even on the weekends when there is the temptation to sleep-in.

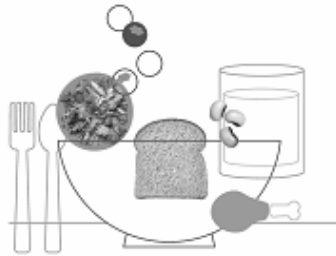
For more information on this issue, visit: National Sleep Foundation website at <http://www.sleepfoundation.org>

SENIOR NUTRITION

Numerous benefits of a healthy diet and proper nutrition include: increased mental acuteness; resistance to illness and disease; higher energy levels; a more robust immune system; faster recuperation times; and, better management of chronic health problems.

As we age, our relationship to food changes along with our bodies. When we're younger, we might grab fast food on the run and not think twice about it. In later life, however, eating well can be the key to staying mentally sharp, emotionally balanced and energetic, with a strong immune system and a positive outlook.

Eating well as you age is easier than you think.



- **Focus on good carbs.** Opt for whole grain nutrition (brown rice, whole wheat bread, rolled oats, barley, or millet), not refined "white" products, such as white bread, white rice, or products made with white flour.
- **Raw equals roughage!** Aim to eat at least one daily serving of your fruits and vegetables raw. This not only preserves their nutritional value, it's an easy way to eliminate constipation. Raw fruits and veggies are loaded with fiber, vitamins, minerals, and enzymes to aid digestion. Plus, there's no preparation involved. If you have difficulty biting or chewing, cut your apple or carrot into bite-sized pieces. Or try a green salad with grated zucchini.
- **Steaming** is the best way to cook vegetables; it preserves nutrients. Light sautéing is next. Boiling leeches nutrients - but you can use the leftover cooking water as soup stock!
- **Go lean on protein.** Fish, poultry, eggs, beans, peas, nuts and tofu all count as protein, so it's easy to vary your healthy protein choices. Try skinless turkey or chicken, or fish baked, broiled, grilled, steamed or poached, and you'll savor the flavor while adding healthy, low-fat, low cholesterol nutrition to your diet. Go easy on red meats, which contain saturated fat, or salty meats such as bacon or ham.
- **Bone up on calcium.** All dairy products are not created equal. Milk, cheese and yogurt retain their calcium content; cream cheese, cream and butter do not. As part of a healthy senior diet, choose fat-free or low fat dairy products. If you're lactose-intolerant, consider lactose-free and lower-lactose products, such as hard cheeses and yogurt. Or, a calcium supplement might be a better way for you to meet your calcium requirement.
- **Choose first-rate fats.** Get your "good" fats from oils such as olive oil and sunflower oil, avocados and avocado oil, nuts and seeds.
- **Keep it moist.** In addition to drinking enough water each day, aim to consume foods with a high water content. Staying properly hydrated flushes toxins from your body, relieves constipation, helps keep your joints flexible and your mind clear. High water content foods include melons, grapes, cucumbers, onions, apples, cabbage, and, of course, soup!

Source: helpguide.org

ARTHRITIS AQUATICS PROGRAM

The Rocky Mountain Chapter of the Arthritis Foundation is offering a 1½ day **Instructor Training** for the Arthritis Foundation Aquatic Program. **The Arthritis Foundation Aquatic Program** is a recreational, warm water exercise program for people with arthritis. The Arthritis Foundation has approved this instructor training class for certification and workshop contact hours.

Topics covered in this Instructor Training workshop include:

- Physiological and psychological aspects of rheumatic diseases
- Principles of aquatic exercise essential in working with people with arthritis
- Joint protection and safety principles
- Demonstration, practice, and testing of water exercises
- Implementation of an Arthritis Foundation Aquatic Program

Those taking the instructor training must have a current lifeguard or water safety/rescue certification and a current ADULT CPR certification.

TRAINING DATES:

Saturday September 13th, 9 AM to 5 PM;
AND Sunday September 14th, 8:30 AM to 12:30 PM

LOCATION:

Bozeman Swim Center
1211 W. Main St. Bozeman, MT 59715

WORKSHOP FEE:

\$75 for new instructor;
\$50 for re-certification
\$25 late fee if received after August 29th
Covers all training materials and lunch on Saturday.
Does not include lodging or travel expenses.
Please remember to bring bathing suit and towel.

For more information or to apply, contact: Kathy Jensen at 800-475-6447 or visit the Rocky Mountain Chapter website at www.rockymountainarthritis.org

WALK TO FIGHT ARTHRITIS

The Arthritis Foundation is seeking walkers to participate in the Arthritis Walk on October 4 at the River Walk in Missoula, near the Parks and Recreation Building. The Arthritis Walk is the Arthritis Foundation's signature event that takes place in communities nationwide to raise funds and awareness to fight arthritis, the nation's most common cause of disability.

The event features both a three-mile and one-mile course, with activities for the entire family. Participants walk in honor of a friend or family member with arthritis, while those with arthritis wear blue hats to signify their action in taking control of their condition. Pet owners are invited to bring their dogs along to walk with them.



To participate in the Arthritis Walk, volunteer or to form a team, visit:
call the Arthritis Foundation at 406-600-4649.
www.MissoulaArthritisWalk.kintera.org or

CONSUMER DEBT MADE LESS DIFFICULT

Debt is a problem that is affecting more and more people in the United States every day. Debt is at an all time high. Average expenses continue to increase while average income does not. Debt is not something that can be made easy, however, the following will answer many of your questions, thereby making it less difficult.

WHAT IS CONSUMER DEBT?



Consumer debt occurs when a person borrows money to buy a product or service.

The person that borrows the money is called the 'debtor', and the person/company loaning the money is called the 'creditor'. There are many different kinds of consumer debt, but the most common are credit card debt, medical debt, automobile financing, and personal loans. This article does not deal with mortgages (money borrowed to purchase property).

SECURED VERSUS UNSECURED DEBT

When you put up an item as collateral for loan, you have a secured debt. The debt is secured by the item, like a mortgage is secured by the house. This article deals mainly with unsecured debt, which is money borrowed without having to put up any collateral.

COLLECTION COMPANIES

If you are late paying a debt, the creditor will send you one or more notices demanding that you pay. If that is not effective, then the debt will go to a collection company. The job of the collection company is to bother you until you pay the debt. Some collection companies will harass you more than others.

You are not required to talk to the collection company. To avoid talking with them, you may screen your calls by using Caller ID or a message machine. You have the right under federal law not to be called by a collection company if you request them not to do so. A sample do-not-contact letter can be obtained from the Legal Services Developer Program. Collection companies are still allowed to send you demand letters and notices after you ask that they not contact you.

Collection companies are prohibited from harassing you and lying to you. Some examples of such prohibited conduct are:

- threatening to harm anyone or damage anyone's property;
- publishing a list of debtors (except to a credit bureau);
- using obscene or profane language;
- calling you without identifying themselves;
- saying you have committed a crime (failing to pay a debt is NOT a crime);
- saying you will be arrested or jailed if you don't pay your debt;
- falsely saying or suggesting they are attorneys or that an attorney is helping collect the debt;
- calling you collect, or sending telegrams you must pay for;
- anything on an envelope that shows it comes from a debt collector;

COURT ACTION

If you fail to pay a debt on time, a creditor can take court action against you by filing a civil lawsuit in court. This is normally the next step in the debt collection process after the collection company is unsuccessful, but a creditor can file in court as soon as you fail to pay on the debt. Frequently the creditor never goes to court, however, either because the debt is too small to be worth going to court, or the creditor does not want to spend the money hiring a lawyer.

In most cases a creditor cannot force you to

pay your debt without first going to court and getting a court order called a **judgment**. There are exceptions where a creditor can collect from you without going to court, including child support and taxes.

You must be served with the court papers. You will have an opportunity to answer the lawsuit and go to a hearing. You must answer on time and go to the hearing if you want to fight the judgment.

If the creditor can prove that you owe the debt, then the court will award a **judgment** against you. A judgment is an order signed by the judge stating that you owe the debt. The creditor can now use the judgment to collect money from you in several different ways:

- **Garnishment of wages:** A portion of your wages may be taken. They may not take the entire amount.
- **Garnishment of bank accounts:** All of the money in your bank account(s) may be taken. They may not take certain types of money such as Social Security money, and state retirement money. These types of money are “exempt” from garnishment. But you may have to go to Court to prove that the money was exempt in order to get it back. If you have a judgment against you, and you have exempt income, you should inform your bank that money is exempt from garnishment. The safest way to avoid this problem is not keeping money in a bank account.
- **Property Liens:** By placing a lien on your property, the creditor receives the money when that property is sold. You should file a **homestead exemption** on your home to protect it up to \$250,000.

If you believe a debt collector is violating your rights, contact: John McCrea, Legal Service Developer at 1-800-332-2272 or your local Area Agencies on Aging at 1-800-551-3191

RECERTIFICATION TRAININGS

Recertification training for I/A, SHIP and Ombudsman will be held in three locations this fall. Registration forms and more specific information about times will be sent out soon.

HELENA

September 16th: Ombudsman recertification - Office on Aging, 2030 11th Avenue

September 17th: SHIP recertification - Knights of Columbus Hall, 1867 N Washington St

September 18th: I/A recertification - Knights of Columbus Hall, 1867 N Washington St

BILLINGS YCCOA Conference room: 1630 Grand Avenue E-17

October 21st: Ombudsman recertification

October 22nd: SHIP recertification

October 23rd: I/A recertification

MISSOULA

October 28th: Ombudsman recertification Missoula Aging Services: 337 Stephens

October 29th: SHIP recertification Ruby's, 4825 Reserve Street

October 30th: I/A recertification Ruby's, 4825 Reserve Street

TEN REASONS TO BE PROUD OF MONTANA'S LONG TERM CARE SYSTEM

The following is the text of a presentation by Mike Hanshew, former Administrator of the Senior and Long Term Care Division, at the Governor's Conference on Aging in May 2008.

While there is much that remains to be done, it helps to stop and acknowledge and celebrate a few of the positive and innovative things that have helped shape Montana's long term care system over the last thirty years.

1. FIRST STATE WITH APPROVED HOME AND COMMUNITY-BASED WAIVER

In December of 1981 Montana was the first state in the country to offer in-home services funded through the new Medicaid Home and Community Based Waiver program. The first Waiver services were provided to fifty former residents of a nursing home in Helena.

2. AMONG THE FIRST WITH A LONG TERM CARE INSURANCE TAX DEDUCTION

In order to encourage Montanans to plan for their future long term care needs, the 1991 Legislature passed a law that created a state tax deduction for the cost of long term care insurance premiums paid by Montanans for themselves, their parents or their grandparents. Unlike similar tax deductions in other states, Montanans can claim the deduction without regard to the amount of their other medical expenses. In 2006 about 10,500 Montanans claimed the long term care insurance tax deduction on their state tax returns.

3. AMONG THE FIRST STATES TO OFFER SELF-DIRECTED SERVICES

In 1995 Montana gave people who were eligible for Medicaid Personal Assistance services the opportunity to hire their friends, neighbors and relatives to provide them with the in-home care and assistance that they require. Last year sixty percent of the \$25 million spent on Personal Assistance in Montana was to pay for these "self-directed" services. Montana's decision to promote greater choice and control through self-directed services occurred well before nationally recognized self-direction programs

such as "Cash and Counseling" were widely available.

4. AMONG THE FIRST STATES TO FUND ASSISTED LIVING SERVICES

In the early 1990s Montana was one of the first states to pay for services to people residing in an assisted living facility as an alternative to nursing home care. The new service option was, and still is, funded through our Home and Community-Based Waiver program.

5. AMONG THE FIRST STATES TO PURSUE A LONG TERM CARE PARTNERSHIP

Montana passed legislation in 1997 authorizing the state to pursue a Long Term Care Partnership to promote the sale of high quality long term care insurance. Under the Partnership Program people who buy certain types of state approved long term care insurance policies can protect additional assets if they use up their insurance benefits and are forced to apply to Medicaid to help pay for their long term care. While we were ready to proceed over a decade ago, it was only recently that the federal government made the changes in federal law that were necessary for us to begin to move our plan to implement a Montana Partnership Program forward, an effort that is currently underway.

6. STATE OF AGING IN Montana

In 1999 the Senior and Long Term Care Division first published an ahead of its time document called the State of Aging in Montana. The report tried to assess the potential impacts of an aging population not only on our human service programs, but

across all of the different functions of state government. While in the 1990s it was difficult to get people to pay serious attention to the implications of an aging population on such diverse areas such as our highway and prison systems, the time for State of Aging in Montana appears to have come as evidenced by the fact that a legislator recently called for a legislative study of how the aging of our population will impact Montana state government in the future.

7. PEOPLE WHO WANT TO MOVE FROM NURSING HOMES ARE ABLE TO DO SO

Beginning in 2000, and nearly every year since, Montana has given every person who lives in a nursing home, and is waiting for services that will enable them to return to their home or live in another community residential setting, the opportunity to receive Home and Community Based Waiver services that were created specifically for them. These new services are funded with savings from the Medicaid nursing home program as a result of the need to pay for fewer days of care. This innovative community placement practice has been done with the full cooperation and support of Montana's nursing homes. Our state's effort to make it easier for people who want to leave nursing homes to be able to do so came several years before the highly touted "Money Follows the Person" federal grant program which serves the same purpose.

8. THE OLDER MONTANAN'S TRUST PREPARES MONTANA FOR THE FUTURE

The 2007 Legislature created the Older Montanans' Trust Fund, the purpose of which is to begin now to provide a new stream of funding to help meet the need for additional long term care resources that will inevitably come with the aging of our state's population over the next thirty years. In addition to creating the trust, the Legislature added

almost \$8.0 million to it as a first step in preparing to assist and support older Montanans who will require long term care services in the future.

9. ONGOING COMMITMENT TO INCREASING DIRECT CARE STAFF WAGES

For almost 20 years the Montana Legislature has periodically appropriated funding that has been earmarked specifically to increase the wages of the workers who provide direct care services in both nursing homes and community settings. Unlike the practice in some other states, Montana has taken the steps necessary to ensure that the money actually goes where it is intended. Without this cooperative effort between service providers, advocates, consumers, the Department of Public Health and Human Services and legislators Montana would not be able to attract sufficient numbers of qualified direct care workers to meet the long term care needs of its citizens today, let alone those of the Montanans who will be in need of long term care in the coming decades.

10. AMONG THE FIRST TO FUND IN-HOME CARE WORKER HEALTH INSURANCE

Last year our state became one of the first in the country to address the critical problem of the lack of benefits for in-home care workers by appropriating \$2.6 million dollars that may only be used by home care agencies to purchase high quality, affordable health insurance for their employees who provide Medicaid in-home personal assistance services. The insurance benefits, funded through a plan called "Healthcare for Montanans Who Provide Healthcare," will become available in January, 2009 and provide coverage to almost 1,000 hard working Montana direct care workers who are currently uninsured.